

BEST AVAILABLE COPY

10/519569

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13	1		1				63						
14							64						
15							65						
16	1		1				66						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND. 3							TOTAL IND. 3						
TOTAL DEP. 14							TOTAL DEP. 14						
TOTAL 17							TOTAL 17						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS